

**TOWN OF CLARENCE**  
**BUILDING DEPARTMENT**  
6221 GOODRICH ROAD  
CLARENCE CENTER, NEW YORK 14032  
PHONE: (716) 741-8950  
FAX: (716) 741-8517



**TOWN OF CLARENCE**  
**ABOVE-GROUND SWIMMING POOL PERMIT APPLICATION**

**Date of Application:** \_\_\_\_\_ **Received:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

**Construction Site:** \_\_\_\_\_ **Size of Pool:** \_\_\_\_\_

**Value of Pool:** \_\_\_\_\_

**Homeowner:** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Homeowner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Pool Installer:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Will Pool be heated or un-heated:** \_\_\_\_\_ **If Heated, equipment must meet Sec 403.9.1 of NY State Energy Code.**

---

**To be completed by Inspector**

**Pool Company Brochure** \_\_\_\_\_ **Electrical Permit** \_\_\_\_\_

**Copy of survey with Pool Plotted** \_\_\_\_\_ **Floodplain Permit** \_\_\_\_\_

**Height of Pool Walls** \_\_\_\_\_ **Insurance-Liability** \_\_\_\_\_

**Residential Code Agreement Signed** \_\_\_\_\_ **Comp/ Disability Ins** \_\_\_\_\_

**Pool Site located on Sewer or Septic System** **If Septic –Is it Plotted:** \_\_\_\_\_

**Fees**

**Pool permit fees:**      Accessory to dwelling(Above ground)      **\$50.00**

**Plumbing permit fees:**      Above ground pools which are heated      **\$50.00**

**Note: Any interior gas line installation will require Master's Plumber License**